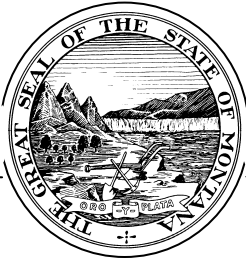


DEPARTMENT OF ADMINISTRATION
DIVISION OF BANKING AND FINANCIAL INSTITUTIONS



BRIAN SCHWEITZER
GOVERNOR

ANNIE M. GOODWIN
COMMISSIONER

STATE OF MONTANA

301 SOUTH PARK, SUITE 316
Helena, MT 59601

CSBS ACCREDITED 2004
(406) 841-2920
(406) 841-2930 FAX

MEMORANDUM

To: Montana Escrow Business Licensees

From: Department of Administration
Division of Banking and Financial Institutions

Re: 2008 License Renewal

Montana law requires that Escrow Business Licenses be renewed annually. **Your escrow business license will expire on June 30, 2008 unless renewed. Renewal forms must be received by the Division of Banking and Financial Institutions no later than June 1, 2008.** Enclosed is the 2008 renewal application form. Complete in full and return to the Division with the \$100 renewal fee, payable to the State of Montana.

It is the responsibility of each licensee to accomplish renewal of its license. **Failure to return the completed renewal form by June 1, 2008 will result in non-renewal of the license.** In the event that the licenses expires due to non-renewal, you will be required to submit a new application with appropriate fees and to complete the application process to resume business. Please be advised that any activity that may occur during the processing period would be a violation of state law.

If you have any questions regarding the renewal process, please contact Chris Romano or Donna Zollinger at 406-841-2920.

Return to:

Division of Banking and Financial Institutions
PO Box 200546
301 South Park, Suite 316
Helena MT 59620-0546

**2008APPLICATION
ESCROW BUSINESS LICENSE RENEWAL**

License Number

Date

To: Department of Administration
Division of Banking and Financial Institutions
PO Box 200546
301 South Park, Suite 316
Helena MT 59620-0546

1. The undersigned will continue Escrow Business through June 30, 2009, and hereby renews its license. The license renewal fee of \$100.00 is enclosed.
2. The Division has been notified of changes in personnel, ownership, or office location during the current year. (Attach information if applicable.)
3. Daily operation of our office has been in accordance with the provisions of the Regulation of Montana Escrow Businesses Act (Title 32, Chapter 7, MCA) and Administrative Rules 2.59.701 through 2.59.704.
4. Corrections and adjustments required as a result of an examination conducted by the Division have been made.

We hereby certify the above information is correct to the best of our knowledge and belief.

Licensee Name _____

Address _____

Phone _____

Home Office Address _____

Phone _____

By: _____

Title: _____